

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>unt</i>	<i>5710</i>	<i>3-13-01</i>
RESPONSE FORMALITY REVIEW			<i>03/16/01</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 ..... Allowed      I ..... Interference  
 (Through numeral)..... Canceled      A ..... Appeal  
 ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	3/25/02
2	✓	✓	3/25/02
3	✓	✓	3/25/02
4	✓	✓	3/25/02
5	✓	✓	3/25/02
6	✓	✓	3/25/02
7	✓	✓	3/25/02
8	✓	✓	3/25/02
9	✓	✓	3/25/02
10	✓	✓	3/25/02
11	✓	✓	3/25/02
12	✓	✓	3/25/02
13	✓	✓	3/25/02
14	✓	✓	3/25/02
15	✓	✓	3/25/02
16	✓	✓	3/25/02
17	✓	✓	3/25/02
18	✓	✓	3/25/02
19	✓	✓	3/25/02
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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